

ACUSHNET COMPANYFAX COVER SHEET**RECEIVED
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DATE: January 20, 2006

TO: Mail Stop Amendment
Commissioner for Patents
Examiner: RAEVIS, ROBERT R.
Art Unit: 2856
Facsimile No.: 571-273-8300

FROM: Troy R. Lester
Customer Number: 40990
Phone No.: 508-979-3534

RE: Application Serial No.: 10/776,429
Response to Office Action of 08/23/2005

Pages including cover sheet: 10

Certificate of Transmission Under 37 C.F.R. ' 1.8

I hereby certify that this correspondence (10 pages), including this facsimile cover sheet, a signed Response to Office Action (7 pages), a fee transmittal (1 page), and a Petition for Extension of Time (1 page), is being facsimile transmitted to the U.S. Patent and Trademark Office, Art Unit 2856

on 1/20/06
Date


Signature

Michelle Lima
Name of person signing Certificate

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Titleist

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**FootJoy**

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| | | | |
|---|--|--------------------------|-------------------|
| <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3> | | <i>Complete If Known</i> | |
| | | Application Number | 10/776,429 |
| | | Filing Date | February 11, 2004 |
| | | First Named Inventor | Paul A. Furze |
| | | Examiner Name | RAEVIS, ROBERT R. |
| | | Art Unit | 2856 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 450.00 |
| | | Attorney Docket No. | B03-74 |

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | Filing Fee (\$) | Search Fee (\$) | Examination Fee (\$) | Fees Paid (\$) |
|--------------------------------------|-----------------|-----------------|----------------------|----------------|
| <input type="checkbox"/> Utility | 300 | 500 | 200 | |
| <input type="checkbox"/> Design | 200 | 100 | 130 | |
| <input type="checkbox"/> Reissue | 300 | 500 | 600 | |
| <input type="checkbox"/> Provisional | 200 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) |
|---|----------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 |

| Total Claims | Paid TC | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|---------|--------------|----------|---------------|
| - | = | 0 | × 50 | = 0 |

Paid TC = the greater of 20 or highest number of total claims paid for

| Independent Claims | Paid IC | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------------|---------|--------------|----------|---------------|
| - | = | 0 | × 200 | = 0 |

Paid IC = the greater of 3 or highest number of independent claims paid for

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | (round up to integer) | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|-----------------------|----------|---------------|
| - 100 = | / 50 = | × 250 | = | |

4. OTHER FEES


Extension for response within second month \$450

Click to select

Fee Paid (\$)

450

SUBMITTED BY

| | | | |
|-----------|---|-------------------------|------------------------|
| Signature |  | Registration No. 36,200 | Telephone 508-979-3534 |
| Name | Troy R. Lester | Date | 1-20-06 |